#### 2006 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2006

# **FILED** Apr 13, 2006 08:00 AM Secretary of State

D	OCUMENT	*# A030	000000021	
1. E	intity Name			
RH	INTING EARIE'	CETHNILY	PARTNERSHI	D



Principal Place of Business 7352 ROCKBRIDGE CIRCLE LAKE WORTH, FL 33467

Mailing Address

7352 ROCKBRIDGE CIRCLE LAKE WORTH, FL 33467



DO NOT WRITE IN THIS SPACE

03072008 No Chg-LP CR2E003 (11/05)

4. FEI Number 56-2444969

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**BUNTING, CHARLES** 7352 ROCKBRIDGE CIRCLE LAKE WORTH, FL 33467

### DO NOT WRITE IN THIS SPACE

<ol><li>The above named entity submits this statement for the purpose of the obligations of registered agent.</li></ol>	I changing its registered office or registered agent, or both, in the State of Flo	rida. I am familiar with, and accept
SIGNATURE		
Signature, typed or printed name of registered agent and title if applicable		DATE

## FILE NOW!!! FEE IS \$500.00 After May 1, 2006, Fee will be \$900.00

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

		TOTAL TOTAL TENTON IN THE PROPERTY OF THE			
	12.	12. GENERAL PARTNER INFORMATION			
	DOCUMENT #				
STALLE CHECK HERE	HAME	BUNTING, CHARLES			
	STREET ADORESS				
	C/TY-ST-209	LAKE WORTH, FL 33467			
	DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP				
	DOGUMENT # NAME STREET ADDRESS DITY-ST-ZIP				
	DOCUMENT #				
	STREET ADDRESS				
	CITY-ST-ZIP				
	DOCUMENT!				
	NAME				
	STREET ADDRESS City-St-Zip				
	DOCUMENT#				
	NAME				
3	STREET ADDRESS				

\_\_\_\_\_U00000505933 04/27/06-80001-019 500.00

# DO NOT WRITE IN THIS SPACE

14. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119. Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:

CITY-ST-ZIP

S GENERAL PARTNER